

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-009931**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 446

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Louis</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Affton</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>9228 Dana Dale Court</b>		d. STREET ADDRESS (If outside, give location) <b>9228 Dana Dale Court</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print)			<b>4. DATE OF DEATH</b>	
First <b>Minnie</b>	Middle <b>E</b>	Last <b>Snow</b>	Month <b>February</b>	Day <b>8</b> Year <b>1963</b>
<b>5. SEX</b> female	<b>6. COLOR OR RACE</b> white	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>9-27-1911</b>	<b>9. AGE</b> (last birthday) <b>51</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Brailer Operator (retired)</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>General Cable Co</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Ina, Illinois</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>Thomas Maneese</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Viola Payne</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Forrest L. Snow</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		
<b>17. INFORMANT</b> <b>Forrest L. Snow, 9228 Dana Dale Court</b>		<b>Address</b>

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line) <b>PART I. DEATH WAS CAUSED BY:</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>IMMEDIATE CAUSE (a).</b> <b>Acute Heart Failure</b>		<b>2 days</b>
<b>DUE TO (b).</b> <b>Arteriosclerosis and</b>		<b>3 mo's</b>
<b>DUE TO (c).</b> <b>Rheumatoid Heart Disease</b>		<b>10 years</b>

<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) <b>Carcinoma of rectum &amp; metastasis to lung</b>		<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
<b>20c. TIME OF INJURY</b> Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		

<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>
<b>21. I attended the deceased from</b> <b>6-6-60</b> <b>to</b> <b>2-8-63</b> <b>and last saw her</b> <b>alive on</b> <b>2-6-63</b> <b>Death occurred at</b> <b>845 A</b> <b>m</b> <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b>				

<b>22a. SIGNATURE</b> <b>John W. Berry</b>	<b>(Degree or title)</b> <b>M.D. F.A.C.P.</b>	<b>22b. ADDRESS</b> <b>950 Francis Pl, Clayton 5, Mo.</b>	<b>22c. DATE SIGNED</b> <b>2-8-63</b>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>23b. DATE</b> <b>Feb. 11, 1963</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Valhalla Cemetery</b>	<b>23d. LOCATION (City, town, or county) (State)</b> <b>St. Louis County, Missouri</b>

<b>24. FUNERAL DIRECTOR'S ADDRESS</b> <b>Math Hermann &amp; Son, Inc., 2161 E. Fair Ave</b> <b>St. Louis, Missouri</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>2-9-63</b>	<b>26. REGISTRAR'S SIGNATURE</b> <b>John B. Murphy, M.D.</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Blair W. Hays

Licensed Embalmer No. 3737

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.